**AAPPS-DPP2020**

Financial Assistance Application Form

#### Please send back PDF file of this form to Haruo Nagai before August 10, 2020

*E-mail:* [*aappsdpp.hp@gmail.com*](mailto:aappsdpp.hp@gmail.com)*Phone:+(81)-080-1096-4575*

|  |
| --- |
| AAPPS-DPP2020 Monday 26 to Saturday 31 of October 2020 |

|  |
| --- |
| **Participant information**  Last name: First name:  Laboratory/Institute:  Address:  Country/Region:  E-mail: Phone / Fax: |
| **Title of your abstract** |
| **Reason for Application (check the reasons)**  **Retired　 Developing Country**  **Others（Reason:　　　　　　　　　　 　　　）** |
| **I confirm my participation in the AAPPS-DPP2020**  **Signature** |